

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5675

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u> c. LENGTH OF STAY (In this place) <u>68 Years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1301 EAST 9th</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u> d. STREET ADDRESS (If rural, give location) <u>1301 EAST 9th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 15, 1867</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
11. BIRTHPLACE (State or foreign country) <u>SAXONY, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>		13a. FATHER'S NAME <u>Ernest J. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Emma</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Loger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>443-12-2594</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ernest Strickler</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia. Acute Suppression of Urine.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Vascular Disease.</u> DUE TO (c) <u>Senility and Arterio-Sclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>over 2 years, 19</u> , to <u>Febr. 21st, 1950</u> , that I last saw the deceased alive on <u>February 21st</u> , and that death occurred at <u>7:35 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>2-22-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Beckhart</u>	
DATE REC'D BY LOCAL REG. <u>4/1/50</u>		REGISTRAR'S SIGNATURE <u>W. G. Amthill, M.D.</u>		ADDRESS <u>Sedalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

3470

P. O. Address _____

Delaware, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.